DEPARTMENT CON HEALTH AND HUMAN SERVICES		FORM APPROVED
HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND MOTIOE OF ADDDOVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	$\frac{0}{1} - \frac{1}{9} - \frac{9}{1}$	Minnesota
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITE SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON		MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		endment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY '01 \$ 6	558
42 CFR 447.252		564
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
Att. 4.19-A (Inpatient Hospital), pp. 1-50	Att. 4.19-A (Inpatient Hos	spital), pp. 1-49
10. SUBJECT OF AMENDMENT: Methods and Standards for Determining Payment R Provided by Non-State Owned Facilities	ates for Inpatient Hospital S	ervices
11. GOVERNOR'S REVIEW (Check One):		
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO:	
13. TYPED NAME.	Stephanie Schwartz	an Camilaa
Mary B. Kennedy 14. TITLE:	Minnesota Department of Hum 444 Lafayette Road North	ian services
Medicaid Director	St. Paul, MN 55155-3853	
15. DATE SUBMITTED: ,		
S/31/0 RECEIVED		
17. DATE RECEIVED: 9/486P 0 4 2001	ICE USE ONLY 18. DATE APPROVED:	trated extremity 20 miles
DMCLi PLANAPPROVED - ON	NE COPY ATTACHED	Etarair : Espa matitarida 18
19. EFFECTIVE DAPP OF APPROVED MATERIAL.	20, SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Ad	ministrator
23. REMARKS:	Division of Medicaid and Chil	

MINNESOTA MEDICAL ASSISTANCE

Federal Budget Impact of Proposed State Plan Amendment TN 01-19 Attachment 4.19-A: Inpatient Hospital Rate Adjustment for Non-Seven-County Metropolitan Area Hospitals

Effective for admissions on or after July 1, 2001, TN 01-19 provides that inpatient hospital rates for sixteen DRGs will be set at the greater of a hospital's rate or 90% of the non-seven-county metropolitan area hospital payment for the DRGs.

Pursuant to Laws of Minnesota 2001, First Special Session, chapter 9, article 2, section 13 (Minnesota Statutes, §256.969, subd. 26).

A summary of the costs follows.

(in 1000's)

		<u>FFY '01</u> *	FFY '02
Total cost		\$1,287,000	\$7,128,000
FFP		51.11%	50.00%
Total MA Cost State share Federal share	•	\$1,287,000 \$ 629,214 \$ 657,786	\$7,128,000 \$3,564,000 \$3,564,000

^{*} July 1, 2001 through September 30, 2001

Effective: July 1, 2001

TN: 01-19 Approved:

Supersedes: 01-17

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 $(01\hbox{-}01/00\hbox{-}29/00\hbox{-}04/99\hbox{-}23/99\hbox{-}05/98\hbox{-}37/97\hbox{-}42/97\hbox{-}19/97\hbox{-}15/97\hbox{-}03/99\hbox{-}23/99\hbox{-}23/99\hbox{-}05/98\hbox{-}37/97\hbox{-}42/97\hbox{-}19/97\hbox{-}15/97\hbox{-}03/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/$

95-20/95-04/94-18/94-08/93-39/93-33/92-44/92-31/91-17/90-25)

Methods and Standards for Determining Payment Rates for Inpatient Hospital Services Provided by Non-State Owned Facilities

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Section 15.0	Other Payment Factors

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95-20/95-04/94-18/94-08/93-39/93-33/92-44/92-31/91-17/90-25)

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Inpatient Hospital

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SECTION 1.0 PURPOSE AND SCOPE

The Minnesota inpatient hospital payment system under the Medical Assistance Program is authorized by state law. Payment rates are prospectively established on a per admission or per day basis under a diagnostic related group (DRG) system that condenses Medicare categories into Minnesota diagnostic categories. Rates are differentiated by eligibility (Medical Assistance, Minnesota Family Investment Program or MFIP, Medical Assistance non-MFIP) and specialty (Rehabilitation Distinct Part, Neonatal Transfer). The system provides for the payment of operating and property costs with additional payments including a disproportionate population adjustment and an appeals mechanism.

The rate setting methodology is based on the cost finding and allowable cost principles of the Medicare program. The rates are established for each calendar year using hospital specific Medical Assistance claims data and cost that is trended for inflation to the current year from a base year. Rates are rebased to more current data every two years.

The methodology described in this Attachment is effective for admissions occurring on or after October 25, 1993.

To be eligible for payment, inpatient hospital services must be medically necessary.

Minnesota has in place a public process that complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

SECTION 2.0 DEFINITIONS

Accommodation service. "Accommodation service" means those inpatient hospital services included by a hospital in a daily room charge. They are composed of general routine services and special care units. These routine and special care units include the nursery, coronary, intensive, neonatal, rehabilitation, psychiatric, and chemical dependency units.

Adjusted base year operating cost. "Adjusted base year operating cost" means a hospital's allowable base year operating cost per admission or per day, adjusted by the hospital cost index.

Admission. "Admission" means the time of birth at a hospital or the act that allows a recipient to officially enter a hospital to receive inpatient hospital services under the supervision of a physician who is a member of the medical staff.

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95-20/95-04/94-18/94-08/93-39/93-33/92-44/92-31/91-17/90-25)

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Inpatient Hospital

Page 3

Allowable base year operating cost. "Allowable base year operating cost" means a hospital's base year inpatient hospital cost per admission or per day that is adjusted for case mix and excludes property costs.

Ancillary service. "Ancillary service" means inpatient hospital services that include laboratory and blood, radiology, anesthesiology, pharmacy, delivery and labor room, operating and recovery room, emergency room and outpatient clinic, therapy, medical supplies, renal dialysis, psychiatric, and chemical dependency services customarily charged in addition to an accommodation service charge.

Base year. "Base year" means a hospital's fiscal year that is recognized by Medicare, or a hospital's fiscal year specified by the commissioner if a hospital is not required to file information with Medicare, from which cost and statistical data are used to establish rates.

Case mix. "Case mix" means a hospital's admissions distribution of relative values among the diagnostic categories.

Charges. "Charges" means the usual and customary payment requested by the hospital of the general public.

Cost outlier. "Cost outlier" means the adjustment included in the relative value that is applied to the admission and outlier rates so that payment is adjusted for exceptionally high cost stays. The adjustment is applied to all admissions with an above average cost, including patients that have not yet attained the age of one in all hospitals and that have not yet attained the age of six in disproportionate population hospitals.

Cost-to-charge ratio. "Cost-to-charge ratio" means a ratio of a hospital's inpatient hospital costs to its charges for inpatient hospital services.

Day outlier. "Day outlier" means an admission where the length of stay exceeds the mean length of stay for neonate and burn diagnostic categories by one standard deviation, and in the case of all other diagnostic categories by two standard deviations.

Diagnostic categories. "Diagnostic categories" means the diagnostic classifications containing one or more diagnostic related groups (DRGs) used by the Medicare program. The DRG classifications must be assigned according to the base year program and specialty groups with modifications as specified in items A to E.

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A. Diagnostic categories eligible under the Medical Assistance non-Minnesota family investment program. The following diagnostic categories are for persons eligible under Medical Assistance non-MFIP except as provided in items B, C or D:

	JOSTIC GORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed. CLINICAL MODIFICATIONS
A. Ner	rvous System Conditions		
(1)	Treated with Craniotomy, Age >17	001, 002	
(2)	Treated with Craniotomy, Age 0-17	003	
(3)	[Reserved for future use]		
(4)	[Reserved for future use]		
(5)	[Reserved for future use]		
(6)	Nervous System Neoplasms	010, 011	
(7)	[Reserved for future use]		
(8)	[Reserved for future use]		
(9)	[Reserved for future use]		
(10)	[Reserved for future use]		
(11)	[Reserved for future use]		
(12)	[Reserved for future use]		
(13)	[Reserved for future use]		
(14)	[Reserved for future use]		
	[Reserved for future use]		
(16)	Treated with Other Surgical	004 005 005	,
(37)	Procedures	004, 005, 007	/
(17)	Peripheral, Cranial, and Othe		
(= 0)	Nerve Procedure without CC	800	
(18)	Other Nervous System Diseases		_
(7.0)	Treated Without Surgery	013, 015, 017	/
(19)	Spinal Disorders/Injuries and		
(00)	Nervous System Infection	009, 020	
(20)	Specific Cerebral Vascular		
	and Cranial/Peripheral Nerve	0.7.4	
(01)	Disorders	014, 018, 019	3
(21)	Degenerative and Nonspecific		
	Cerebral Vascular Disorders	010 016	
(22)	with CC	012, 016	
	Seizure and Headache	024-026	
(23)	Traumatic Stupor with Coma		
	> 1 Hr, and Coma < 1 Hr, Age	007 000	
	> 17 with CC	027, 028	

 $STATE: \underline{MINNESOTA}$

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Inpatient Hospital

Approved:

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(24)	Viral Meningitis, Hypertensive Encephalopathy, Concussion Age > 17 with CC, Other Stupor		
(25)	and Coma	021-023, 029, 031	
(25)	> 17 without CC	032, 033	
(26)	Stupor and Coma < 1 Hr, Age 0-17 and Other Disorders of the Nervous System	030, 034, 035	
B. Eye	Diseases and Disorders	036-048	
C. Ear (1)	, Nose, Throat, and Diseases and Treated with Tonsillectomy/	Disorders	
(2)	Adenoidectomy Only Treated with Myringotomy with	059, 060	
(3)	Tube Insertion, Age 0-17 Otitis Media and URI	062 068-070	
(4)	Dental and Oral Disorders	185-187	
(6)	[Reserved for future use] Other Ear, Nose, Throat and Mouth Conditions	049-058, 061,	Codes in DRG
		063-067, 071- 074, 168, 169	049 except 20.96-20.98
D. Res (1)	piratory System Conditions Treated with Ventilator Support		
	for < 96 Hours [Reserved for future use]	475	Excludes 96.72
(3)	Treated with Ventilator Support for 96 + Hours	475	Includes 96.72
(4)	Treated with Tracheostomy Except For Face, Mouth, and Neck		
(5)	Diagnoses [Reserved for future use]	483	
(6) (7)	Respiratory Neoplasms [Reserved for future use]	082	
(8) (9)	[Reserved for future use] [Reserved for future use]		
(10)	Treated with Tracheostomy for Face, Mouth, and Neck Diagnoses	482	
(11)	Simple Pneumonia and Pleurisy, Age 0-17 and Age >17 without CC	090,091	
(12)	Major Chest Procedures and OR		
(13)	Procedures with CC Major Respiratory Diseases and Disorders Treated with Surgery	075, 076 078, 079, 087, 09	2, 101

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(14) (15)		077
	with cc	080, 081, 083, 085, 088, 089, 094, 099
(16)		005, 051, 055
	without CC and Bronchitis, Age >17	084, 086, 093
	Age >17	095-097, 100, 102
E. C1:	rculatory System Conditions (1) [Reserved for future use]	
(2)	[Reserved for future use]	
(3)		
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(6)	and Surgical Procedures [Reserved for future use]	
	[Reserved for future use]	
	[Reserved for future use]	
(9) (10)	[Reserved for future use]	
(10)	Major Cardiac Disorders Treated without Surgery	122-125, 127, 129, 137,
	accused weekled cargory	138, 144
(11)	Acute MI, Congenital Heart	
(12)	Disease with CC, and Endocarditi Other Circulatory Conditions	s 121, 126, 135 132-134, 136, 139-143, 145
	Deep Vein Thrombophlebitis and	132 134, 130, 139-143, 143
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(14)	Procedures for Major Vascular Diseases and Conditions	112 470
	Diseases and conditions	113, 478
B 54	nantiae Garten Piane I Di	
	gestive System Diseases and Disord Treated with Anal and Stomal	iers
(-,	Procedures	157-158
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(3)	Treated with Appendectomy with Compl. Prin Diag or CC	164 166
(4)	Greated with Appendectomy without	164-166
	Compl. Prin Diag or CC	167
	Freated with Other Surgical Procedure	146 156 170 171
1	rioceanie	146-156, 170-171
	Esophagitis, Gastroent, or Misc	
	Digestive Disorders, Age > 17 Other Digestive System Condition	182-183
(/)	perfer prdescrive system condition	172-181, 188-190

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(2) [Reserved for future use]		
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(4) Malignancy of Hepatobiliary		
System or Pancreas	203	
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TT 50 -	and a distribution of the Manual	11	Q
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(1)	Limb Reattachment Procedures	209, 472,	401
(2)	Treated with Hip and Femur	209, 472,	491
(2)	-	210-213	
(3)	[Reserved for future use]	210 213	
,	[Reserved for future use]		
(5)	Treated with Wound Debrid or		
(3)	Skin Graft Except Hand	217	
(6)	Treated with Lower Extrem and		
(- /	Humer Proc Except Hip, Foot,		
	Femur	218-220	
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	Procedure	223-224	
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0 1/-	-landaliferation pieces and pi		
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QQ. Normal Newborns	391	
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WW. Human Immunodeficiency Virus

Treated with Extensive Operating

Room Procedure 488

(2) With Major Related Condition 489

With or Without Other Related (3) Condition 490

B. Diagnostic categories eligible under the Minnesota family investment program. The following diagnostic categories are for persons eligible for Medical Assistance under MFIP except as provided in items C or D:

DIAGNOSTIC DRG NUMBERS INTERNATIONAL CATEGORIES WITHIN CLASSIFICATION OF DIAGNOSTIC DISEASES, 9th Ed. CATEGORIES CLINICAL MODIFICATIONS

A. Nervous System Conditions

(1)	[Reserved	for	future	usel

(2) [Reserved for future use]

(3) Treated with Craniotomy and 001-003. 049 includes Cochlear Implants 20.96-20.98 only 049

[Reserved for future use] (4)

(5) [Reserved for future use]

- (6) [Reserved for future use]
- [Reserved for future use] (7)
- [Reserved for future use] (8)
- (9) [Reserved for future use]
- Seizure and Headache, Age > 17 024, 025
- (11)Seizure and Headache, Age 0-17 026
- [Reserved for future use] (12)
- [Reserved for future use] (13)
- (14)[Reserved for future use]
- (15)[Reserved for future use]

Cerebral Vascular and CNS Disorders Treated without 013-015, 017, Surgery 019, 021, 022

Treated with Other Surgical (17)

Procedures 004, 007, 008

(18)Neoplasms and Other Nervous

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(19)				-
	with Coma > 1 Hr, and Other			
	Major Disorders	009, 012, 0	16, 018,	
		020, 027		
(20)	-			
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(21)	Concussion, Age 0-17	033		
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2. 21	e Piboupos una Piboració	030 040		
C. Ea	r, Nose, Throat, and Mouth Diseas	es and Disor	ders	
(1)	Treated with Tonsillectomy/			
	Adenoidectomy Only	059, 060		
(2)	Treated with Myringotomy with	,		
	Tube Insertion, Age 0-17	062		
(3)	Otitis Media and URI	068-070		
(4)	Dental and Oral Disorders	185-187		
(5)	[Reserved for future use]			
(6)	Other Ear, Nose, Throat, and			
	Mouth Conditions	049-058, 06		Codes in DRG
		063-067, 07	1-074,	049 except
		168, 169		20.96-20.98
D. Re	spiratory System Conditions			
(1)	Treated with Ventilator Support			
	for < 96 Hours	475	Exclude	es 96.72
(2)	[Reserved for future use]			
(3)	Treated with Ventilator Support			
	for 96 + Hours	475	Include	es 97.72
(4)	[Reserved for future use]			
(5)	[Reserved for future use]			
(6)	[Reserved for future use]			
(7)	[Reserved for future use]			
(8)	[Reserved for future use]			
(9)	[Reserved for future use] Treated with Tracheostomy	400 400		
(10) (11)	•	482, 483		
(+ + /	Respiratory Failure, Neoplasms, Infections, and COPD	070 001 0	00 007	000
(12)	Major Chest Procedures	079, 081, 0 075	82, 087,	088
(13)	Pleural Effusion, Pulmonary	073		
(10)	Embolism, Pneumothorax, and	078, 085, 0	86 092	
	Other Disorders with CC	094, 095, 1		
(14)	Other OR Procedures	076, 077	0 1	
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		007 000 1		

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(2)	Treated with Hip and Femur		
	Procedures or Amputation	210-213	
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(4)	[Reserved for future use]		
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(6)	Treated with Lower Extrem and		
	Humer Proc Except Hip, Foot,		
	Femur	218-220	
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(8)	Treated with Upper Extremity	222 224	
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(12)	[Reserved for future use]		
(13)	[Reserved for future use]		
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(16)	[Reserved for future use]		
(17)	Spinal Fusion: Combined Anterior	:/	
	Posterior and Fusion with CC	496, 497	
(18)	Treated with Back and Neck		
	Procedures	498, 499	
(19)	Treated with Knee Procedure	501-503	
(20)	Other Surgical Procedures or		
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(21)	Hand and Wrist Procedures and		
	Carpal Tunnel Release	006, 228, 229	
(22)	Treated with Local Excision and		
/>	Removal of Internal Fix Devices	230, 231	
(23)	[Reserved for future use]		
I. Dis	eases and Disorders of the Skin,	Subcutaneous Tissu	e, and Breast
(1)	Treated with Mastectomy for		
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(2)	Treated with Skin Graft or		

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[Reserved for future use] (7)

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[Reserved for future use] (2)

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	Conditions Treated without	
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(4)	Postpartum and Post Abortion	
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(5)	Ectopic Pregnancy	378
(6)	Threatened Abortion	379
(7)	Abortion without D&C	380
(8)	Abortion with D&C, Aspiration	
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- (2) [Reserved for future use]
- (3) [Reserved for future use]
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	anic Mental Disorder	434, 435
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(1)	Treated with Surgical Procedure	
(2) (3)		444-446
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 $(01\hbox{-}01/00\hbox{-}29/00\hbox{-}04/99\hbox{-}23/99\hbox{-}05/98\hbox{-}37/97\hbox{-}42/97\hbox{-}19/97\hbox{-}15/97\hbox{-}03/99\hbox{-}23/99\hbox{-}23/99\hbox{-}05/98\hbox{-}37/97\hbox{-}42/97\hbox{-}19/97\hbox{-}15/97\hbox{-}03/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/99\hbox{-}23/$ 95-20/95-04/94-18/94-08/93-39/93-33/92-44/92-31/91-17/90-25)

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Z. [Reserved for future use]			
AA. Esophagitis, Gastroenteritis, Miscellaneous Digestive Disorders	184		
BB. [Reserved for future use]			
CC. Cesarean Section (1) With Complicating Diagnosis (2) Without Complicating Diagnosis	370 371		
DD. Vaginal Delivery (1) [Reserved for future use] (2) Without Complicating Diagnosis or Operating Room Procedures (3) With Operating Room Procedure (4) With Complicating Diagnosis	373 374-375 372		
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FF. Depressive Neurosis (1) (Age 0-17) (2) (Age > 17)	426 426		
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